

Date	Time	INTERAGENCY INCIDENT WAYBILL				Page 1 of ____
SHIPPED TO				SHIPPED FROM		
Incident name				Carrier/Driver name:		
Incident number		Vehicle number		Trlr number		
Accounting/mgmt Code		Pieces		Weight		
Contact name/phone		ETD		ETA		
HAZARDOUS MATERIALS DECLARATION						
Identification Number		Proper Shipping Name		Hazard Class	Packing Group	Total Quantity
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.						
Signature of Shipper		Chemtrec: 1-800-424-9300		Emergency Response Phone Number		
Item #	NFES #	Quantity	U/I	Item Description	Property Number	
Received by (signature)			Position Title		Date/Time	